

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF ANTHONY LAFAUCI	COURT CASE NUMBER 04 - 12608 - REK
DEFENDANT DENISE HEATH	TYPE OF PROCESS CIVIL ACTION 1983

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NEW ENGLAND INTERSTATE CORRECTIONS COMPACT AGENT
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 105 PLEASANT STREET P.O. BOX 1806 CONCORD, NEW HAMPSHIRE 03301 - 1806

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
ANTHONY LAFAUCI #284473 OSBORN CORRECTIONAL INSTITUTION P.O. BOX 100 SOMERS, CONNECTICUT 06071		Number of parties to be served in this case	26
		Check for service on U.S.A.	YES

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Anthony LaFauci</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 26	DATE 6/13/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 14	District to Serve No. 49	Signature of Authorized USMS Deputy or Clerk <i>Harry Salas</i>	Date 6/16/05
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 6/13/05	Time 13:00 hrs	am pm
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Signature of U.S. Marshal or Deputy <i>John Kaulbach</i>			
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Service Fee \$45	Total Mileage Charges (including endeavors) 0	Forwarding Fee	Total Charges \$45	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *Process forwarded to USM D/NH 6/7/05 AT*

According to the commissioner's office, the above defendant does not work out of the above office.